Alliance Behavioral Health Specialists
43155 Main St, Suite #2316
Novi, MI 48375

Phone: (248) 934-0274, Ext 102 or operator
Fax: (248) 934-1987
Email: info@abhsnow.com

Acknowledgement of Office Policy Receipt and Understanding

Patient's name: _____

Address: _____ Telephone:_____

If patient is a child, please complete following information: Mother or Father's name: _____

Address: _____ Telephone:_____

I hereby acknowledge that I have received the Office Policy from Alliance Behavioral Health Specialists, 43155 Main St, Suite 2316, Novi, MI. I reviewed and understand the policies as listed in the document.

Alliance Behavioral Health Specialists, PLLC, reserves the right to make changes to this policy and shall provide the patient with the latest copy of the policy.

Please, note that Alliance Behavioral Health Specialists, PLLC, reserves the right to terminate treatment if the patient is found to be non-compliant with office policy (Please see Discharge policy).

_____ _____

Signature of Patient or Person Authorized to Consent Date

Relationship if not patient: _____

*If this consent is signed by someone other than the patient, it must be signed in the patient's presence